MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(Young) MD. HORRS

ELKASDGE 10400 ELKASTGE

UBSH. 18600.

RUBERT M. BLOW

M. NEGRO 410/12 48

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9228

Reg. Dist. No.

09197

1. PLACE OF DEATH o. COUNTY Howard MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Howard
b, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town),	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Linden and Lennox	Lennoxa Linden Asea ON A FARM?  VES NO
3. NAME OF DECEASED (Type or print) Mr. Albert Amerigo (	wrci Lost 4. DATE Month Day Year August 5th 19 60
s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MIDOWED DIVORCED [	lost birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Materials Handline Torantil	INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U. S.A.
John Cureio	14. MOTHER'S MAIDEN NAME ÜNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dofes of service) (213-10-8128)	John Curci Lannox+Linden Aug
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	interval Between onset and Death
Canditions, it any, which gove rise to immediate	outum to the toplas is to me
couse (a), stoting the under- lying couse last.  DUE TO  [c]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TION 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Haur a. m. While of work of work of work	De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from alive an alive an 1967, 1967, and that deceased from 1968.	eath accurred at P. M. from the causes and an the date stated abave.
ACTUAL SIGNATURE BY Brunde	ADDRESS (Street, city or town, state) DATE SIGNED  SOUTH MEAN ST
PHYSICIAN'S BBBBCOARBAC	The Elbridge 27 md
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETE BURIS 8-9-1960 HOLY Rec	1 0 1 1 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS Leonard J. Ruck 5305 Harford R	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ofter death. Page 4 may be retained by the haspital ar attending prysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then plasse remave carban papers. Pages 1 and 2 shauld be filed with w requires that the death certificate be executed within 24 ha

72 haurs after death. please the registrar priar to burial, crematian, ar removal, and in any every

TO HOSPITAL OR ATTENDING PHYSICIAN:

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0					NT OF HEALT				() Q	198	3
MACE OF DEATH o. COUNTY HOWARD			MARY	LAND	2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT	tion, Resid			
b. CITY OR TOWN III and give represt town Ellicott		RURAL	E. LENGTH OF STAY	IN 1b	Ellicott	It outside car	porate limits, write	RURAL on	d give n	earest fa	wn)
	at or institution (	f not in hospi	ol, give street address	8)	d. STREET ADDRESS	er Roa	d				A FARM?
NAME OF DECEASED (Type or print)	HENS ON			RSEY	Last	4. DATE OF DEATH	Month Aug. 2	2	Doy	1	9 60
Male	6. COLOR OR RACE	WIDOWED	DIVORCED [		DATE OF BIRTH		9. AGE (In years lost birthday) 72 yrs.	Months	Days	Hours	ER 24 HRS. Min.
a. USUAL OCCUPATION  during most of working  Laborer	ng life, even if retired)	done 10b. KIN	no of business or i	INDUST	Howard Co			12. CI	IZEN O	F WHAT	COUNTRY?
Henson	Dorsey				14. MOTHER'S MAIDEN		Thomas				
S. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	-18-5780	1	's, Elizabeth	Blay,	Address	Rose	i El	1100	tt Cit
	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (a)		11.		rate with Me				INTER	L yes	IEN I
Conditions, if a gove rise to imme (a), stating the couse lost.	diote couse										
	HER SIGNIFICANT CONT Hypertensiv			_	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA			AUTOPSY RMED?
200. EXTERNAL CAL PRIMARY D or CO CAUSE OF DEATH.	NTRIBUTING 🗆				inter nature of injury in Par				100		101-1-1

PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

Accident

Hour Not while a. m. 19 at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ...

Inspection T. Inquiry 📑, and find that Suicide . Homicide , Undetermined cause

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO

DATE SIGNED

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY Buriel

22d. LOCATION (City, town, or county)

Atholton.Md 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 4 '60 Orthun S. Frank

F.C. Higinbothom, Ellicott City, Md

George E. Burgtorf

death resulted from: Natural causes

EXAMINER'S NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

5M 9/55

Bargell Assistan ALL THE SECOND STREET, MICH. ST. AND THE SECOND - - rezil zwol I zwichenter. 9224

									Keg. DI	37, 140,	
1. PLACE OF DEATH o. COUNTY	oward		MAR	YLAND	2. USUAL RESID	dence (wh		lived. If instit b. COUN	TM -	e Arun	_
b. CITY OR TOWN ( RURAL ond give n	ott City	s, write	2 Mos.	r IN 16				ote limits, write Isadens	100	give neorest to	wn)
OR INSTITUTION	FAL (If not in hospito), g Paylor Man				d STREET A		ore, 1	asader	ıa	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fire Elle		Middle M		Dyer		4, DATE OF DEATH	Augu	Honth 1st	Doy 1 st	Yeor 19 60
5. SEX Female	6. COLOR OF RACE White	7. MARRIE WIDOWED			1.2/2	H 26/71		P. AGE (In year last birthday	IF UNDER	Days Hour	
during most of world	king life, eyen if retirel()	1.3	HO OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	11.	or foreign co	untry}	12. CJT	S, A-	AT COUNTRY
13. FATHER'S NAME	mes J.	Nici	Ko//		Eller	MAIDEN N	Horn	9			
15. WAS DECEASEDEVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	rvigh	DOIAL SECURITY NO	0. 17. IN	3- Mabe	10	11.	North	Shoire	Pasas	ena. r
	mmediate (	C	cerebral C	Thron		erosia	S '**	al N			
Chroni	ic Brain S	ndro	me with	senil	le psych	notic	react	ion	GIVEN IN PAR	PERI	S AUTOPSY FORMED?
	CAUSE OF DEATH		IBE HOW INJURY (					•		•	
20c. TIME OF INJUR Hour o. m. p. m.	(Y Manth, Day, Yea	While	Not while	20e. PLA	CE OF INJURY ( lory, street, office	Home, form, bldg., etc.	, 20f. (City	or town)	(0	County)	{State}
actual SIGNATURE	at I attended the agust 1 st	Jay	i from	ne 6	n.Uaaaaaaa	5 2. B	ADDRESS (Str	the couse:  out, city or too  lospita	s and on th		
220. BURIAL, CREMATIC REMOVAL (Specify) 23. FUNERAL DIRECTOR	3 August	1960	Druig	Progr	CREMATORY	DA BOST	Pike	ON (City, tow	n, or county)	yland	ote)
A Viding		Glen	Butnie,	14	1.	DATUG	4 '60		Thun & A		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attend.

TO FUNERAL DIRECTOR: After this certificate as been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours piles, death.

VS A15 (4) 15M 9/55

ZZ A CERTIFICATE OF DEATH was the contract of the contra

23d. LOCATION (City, lown, or county)

Baltimore,

250. REC'D BY REGISTRAR

DATE

AUG 11 '60

(Stole)

Maryland

29b. REGISTRAR'S SIGNATURE

23b. DATE THEREOF 8-10-1960

W. Jenkins & Sons Cork York Road Balto, 12, Md.

Ga. BURIAL, CREMATION, REMOVAL (Specify) Cremation

	9229		CERTIF	CATE	OF DEATH			0.9	200	
	LACE OF DEATH DE COUNTY Howard	Co.	MARYL		STATE Maryle	_	ived. If institution b. COUNTY	Residence be		ion)
ŀ	c. CITY OR TOWN (If outside corp RURAL and give nearest lown) Elkridge	oorate limits, w	c. LENGTH OF STAY I	1	Elkric	dge 27		JRAL and give n	earest town	)
_	OR INSTITUTION OR INSTITUTION OR STATEMENT OF THE STATEME				STREET ADDRESS OLD Lawyer Sox 9-RFD	rs Hil	1 Road	27.Md	e. IS RES ON A YES	FARM?
- 1	Type or print) Char	First	Middle Donaldson	Не	mphill	4. DATE OF DEATH	Aug	A	-0,	Yaor 19 60
	ex 6. color white		MARRIED NEVER MARRIED	B. D.	TE OF BIRTH	9.	AGE (In years last birthday) 74 yrs.	Months Days	-	R 24 HRS. Min.
	USUAL OCCUPATION (Give kind during most of working life, ever OUSOWITE	d of work done if retired)	10b. KIND OF BUSINESS OF		11. BIRTHPLACE (Stole Elkridge	, Md.	ntry)	U.S		OUNTRY?
3.	Frederick B.	Donal	dson	14	Sophie A		3			
S. Yes	WAS DECEASEDEVER IN U. S. AF	or dates of service		Jame		phill	Addr St	ame		
	1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI IMMEDIATE Conditions, if ony, which gave rise to immediate	DUE TO	per line for (o), (b), and (c).]	~	Colo				ITERVAL BE	
Z	lying couse last.  PART II. OTHER SIGNIFIC	(c)	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE (	CONDITION GIV	EN IN PART 1(o)	19. WAS	AUTOPSY
CAILC									PERFO YES [	PRMED?
L CERT	20g, ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	. DESCRIBE HOW INJURY OC	CORRED. (EI	iter noture of injury in	PON I OF POST I	or from to.)			
MEDICA	20c. TIME OF INJURY Month, Hour o. m. p. m.	10 V	Not while Not while t work of work	factory,	OF INJURY (Home, farm street, affice bldg., etc		r town)	(Count	y)	(Stote
	21. I certify that (I) (this	1	m IT 1		occurred of		ung 8 :	19.60		
	20. SIGNATURE	1/20	les	M.D.	ATTENDING M	ED.	STAFF PHYS.	a oir the ou		SIGNED
	PHYSICIAN'S NAME (Txpe)	C. F	HARLY M	<b>D</b>	22d. ADDRESS	elon	16.	mo	1	1

23c. NAME OF CEMETERY OR CREMATORY

Inc.

Green

Mount Crematory

with the funeral director, 2 should may be retained by the haspital or attending solving.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours ofter death.

ofter death. Page 4

aw requires that the death certificate be executed within 211 h

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 1SM 9/59

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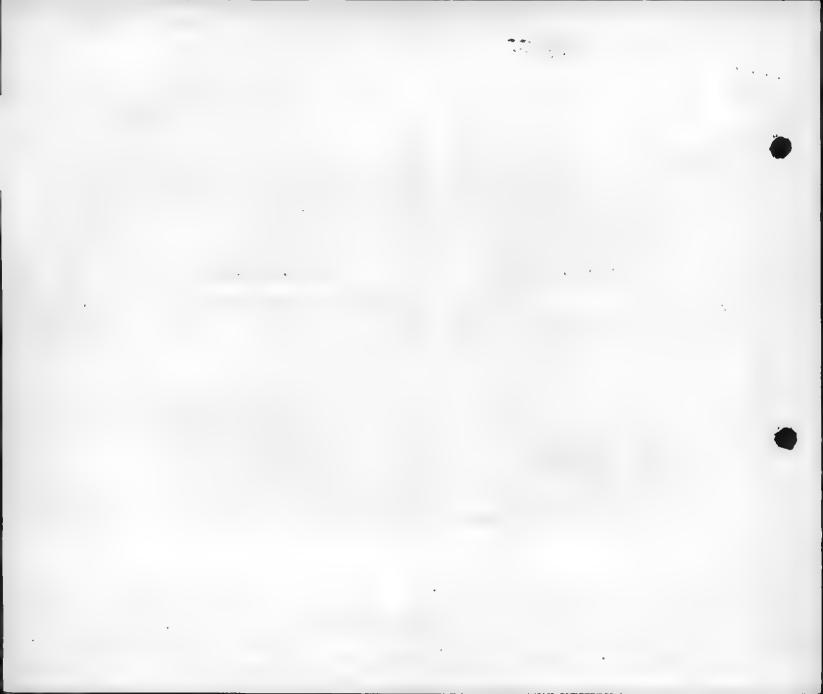
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEDTIFIC ATE OF DEATH

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		4225		CEKIII	ICAI	E OF DEA	ZILL						
	PLACE OF DEATH				Ĭ.	2. USUAL RESIDEN	CE (Wh	ere deceased	I lived. If institution	n Residen	ce befor	e admiss	ion)
	o. COUNTY HO	ward		MARY	LAND	o. STATE Maryland b COUNTY							
	b. CITY OR TOWN (IF	outside corporate limi	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	/N (If or	utside corpoi	rate imits write RL	JRAL and	give nea	rest town	J
	RURAL and give neo	tt City		5 days	ays XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							Md.	
	d. NAME OF HOSPITA	L (If not in haspital, g	give street	address}		d. STREET ADDI	RESS				-	. IS RES	
	OKINSTITUTION	Taylor M	anor	Hospital		1008	Lee	ls Av	e	~ E .			FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Moni	th	Da)	/	(eor
	{Type or print}	Ir	vin	H		Hoffman		DEATH	August	10		1	9 60
5.	SEX	6 COLOR OR RACE	7. MARR	RED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGE (in years lost birthday)	IF UNDER	_		
	Male	white	WIDOWE	DIVORCE	(国)	Feb 24,	19:	13	47 yrs.	Months	Doys	Hours	Mín.
16c	JSUAL OCCUPATION	N (Give kind of work	dane 10b	KIND OF BUSINESS O	R INDUSTI	RY 11. BIRTHPLACE	(Stote	or foreign co	ountry)	12.CITI	ZEN OF	WHATC	OUNTRY?
V	lire photo			Assoc. Pre	SS	Balt	imoı	re, Mo	d.		U	.S.	
13.	FATHER'S NAME		*			14. MOTHER'S MA	IDEN N	AME					
	Willia	am H. Hoi	fmar	a		Anna	C. 1	Matei	lnat				
	WAS DECEASED EVER			SOCIAL SECURITY NO	. 17, INFO	DRMANT			Addr	ess			
1.	no	yes give wor or dates of s	21	15-05-935	6 Wa	lter Ho	ffm	an 12	229 Circ	ele I	riv	re #	27
厂	18. CAUSE OF DEAT	H (Enter only one co	iuse per lii	ne far (a) (b), and (c).				***************************************			INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	,	Bronchial	pneu	monia					ONS	et and	
	2.1.2	DUE TO	1		_						1		
	Conditions, if on	man de A	Car	rebral ede	ma						5	day	IS
	gove rise to im	mediate (										o. o.	
	couse (o), stating the	e under-		ute Brain	Synd	rome due	to	alcol	ixot Lori	city			
Z	PART II. OTHE	R SIGNIFICANT CON		ONTRIBUTING TO DEA							T 1(o) 15	WAS A	AUTOPSY
ATIC													RMED?
CERTIFICATION	200. ACC DENT WAS	UNDERLYING [	20b DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of in)	jury in P	ort I or Part	11 of item 18.)				
CER	OR CONTRIBUTING [  [IF EITHER, NOTIFY N	CAUSE OF DEATH											
13	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Hom	ne, form,	20f (City	or town)		County)		(State)
MEDICAL	Hour o.m.	19	While of wor	Not while	focto	ry, street, office blo	lg., etc.						
~		de del financia				Aug 5	12	50	Aug 10	f	0		
		Ann		led the deceased				1-ta-		, 19	iii, m	at (I) (	we) last
	saw the decease	d alive an	6	1990_ , and	that de	ath accurred a	1_/=_	M, fram	the causes an	d an the	date	stated	DATE
	220 3001	. 1 =	10-1	0		ATTENDING	ME	D	STAFF PHYS.	5	3/10	10.	S GNED
	22c PHYSICIAN'S	77 1	7	X-1-	M	D. PHYS 22d ADDRESS	_ Dil	ECTOR 🔼	PHY5. [_]		1/ 3.0	700	
	NAME (Type)	Irving J.	Tay.	lor, M.D.			Mar	nor He	ospital,	Elli	cot	t Ci	ty M
22	DUBLAL COCKATION	235 DATE THEREC	\s	100 111110 01 001	TEDY OF	TOTAL TORY		221 1051	TOP OF A				
230	BURIAL CREMATION REMOVAL (Specify)	8/13/60		TOUGOD		Cemete:	rv		TION (City, town, o		rlar	ad (Stot	e)
24	Burial FUNERAL DIRECTOR'S	-/		ADDRESS	. CLL FL					- 1/	65.		
15	Howard H.	Hubbard	1 410		s Av	enue	MIG 1	BY REGIST	TOO DECEMBER	1 Comm 3 310	214KIUK		

aw requires that the death certificate be executed within 24 hours after death. Page 4 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The management of the death certificate be executed within 24 ham be revained by the haspital or attending priscion and completely filled in PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I at the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

the funeral



9998.	CERTIFICATE	OF DEATI
4//12		O. D

09203

	- 3/2/21)				Reg	Dist. No.		
1. PLACE OF DEATH	vard	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		If institutions Re- COUNTY	sidence befo Howar		in)
b. CITY OR TOWN RURAL and give Elliett		vrite c. LENGTH OF STAY IN 16	Ell:	cott City		ond give nec	rest town)	
OR INSTITUTIO	PITAL (If not in hospital, give N	street oddress)	d. STREET ADDRESS  Cedar Lar	ne			e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	First Ida	Middle Elizabeth	Peters	4. DATE OF	Month g. 20.190	60		POF
5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH			DER I YEAR	-	
Female	White w	DOWED DIVORCED	9-10-1888	7	birthday) Mon	Ths Days	Hours	Min.
100. USUAL OCCUPA during most of w	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole	or foreign country)	12	CITIZEN C	F WHAT C	OUNTRY
At Ho	ome	None	Scott Co.	Va				
13. FATHER'S NAME			14 MOTHER'S MAIDEN I	NAME				
Rol	pert Falin		Sarah Jar	e Gambe	r			
Conditions, if gove rise to couse (s), stotin lying couse los PART II. CO. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTI	immediate   DUE TO		NOT RELATED TO THE TERM	INAL DISEASE COND	ition given in Lure	OL S	ERVAL BETV SET AND D MIT	WEEN DEATH 15.
20c. TIME OF INJ Hour 6. re p. rr	1.	While Not while to the work at work	ACE OF INJURY (Home, form clary, street, office bldg., etc	1		(County)		(Slote)
21. I certify alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	that I attended the de Aug. 15,		occurred at 7 : 30 A	Aug. 20 AM, from the canonic street, cin		in the da	DAT	d abave signed
270. BURIAL, CREMAT REMOVAL (Speci Burial		22c. NAME OF CEMETERY O		27d. LOCATION (CI	tt City		(Stote)	
23. FUNERAL DIRECTO		Good Shephe			24b. REGISTRAR'		₹E	
F. C. Higinh	oothom Ellicot	t City.Wd		UG 2 3 '60		2 S. Has		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attend. The law requires that the death of the haspital or attended by the hysician.

TO FUNERAL DIRECTOR: After this certificath has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event — within 72 hours after death.

The state of the s qui tresta select end, (track Minusely Montill man there makes it specified The state of the s Mary Aberts in manager to 1 - 00-25-6 for the All roots Wheat I'm an abode to the St.

9230 ofter death. Page 4 the funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be executed within 24 haves after death. Parmay be retained by the hospital ar attending sician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 57 the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremating, or remaval, and in any event within 72 hauss after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 204

1. PLACE OF DEATH o. COUNTY	MASWLAND	7. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Howard	MARYLAND	Maryland	5. 2001477	Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give percent fown)	c. LENGTH OF STAY IN 15	C. CITY OR TOWN (IF O	Palto, # 27	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	The state of the s	429 e. IS RESIDENCE ON A FARM?
Linde MA Balto Aves		Linden & Ba	Ito. Aves. R	VEC D NO D
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mon	
(Type or print) Anna	Estelle	Rearick	DEATH ALID	10 1960
5. SEX 6. COLOR OR RACE 7. MARRI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
Female White WIDOWE		3 July 1909	lost birthday) 5] yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	GND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Seam Presser Men	's Neckwear	TOTARY	Maryland	II.S.A.
Nelson Smith		<u>l Ida May Ma</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Add	reis.
	B-03-2374 Mr	. Stuart Rea	rick Same as	s NG #2
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	for (o). (b). and (c).]	1 1	1110	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	LICION .	Coccoso	rvuc	9 mes
DUE TO				
Conditions, if day, which (b)				
couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
EAS .				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. p. m. 19 wile of work	_ Not while _ for	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or lown)	(County) (Stote)
21. I certify that I attended the decease	· (ina:1	15 to 10 A.C (3)	West I Shi today	
alive an 2004. 12 196	A	17.1612, 10.56 g		that I last saw the deceased
dive di 190	and that death			and the date stated above
ACTUAL SIGNATURE SIGNATURE	yley.	M.D. Savace	ADDRESS (Street, city or town,	state) 8 / DATE SIGNED
PHYSICIAN'S FYANKE.	Shillple	4. M.D.		111
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (Stote)
Burial 138 Aug. 1960	Zion Church	Cemetery	Dorsev. Mary	/land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	7 7	TRAR'S SIGNATURE
Trekard J. Singliton	6/en But	mie M. DATE A	UG 15'60 C	Irilan S. Krous

